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Statement submitted by International Alliance of Women, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2010/100.

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Statement

Tobacco free is a woman's rights issue

A new World Health Organization (WHO) report on Gender, Women and Tobacco, to be released on World No Tobacco Day 2010 points out that there are more than a billion smokers worldwide and that about 9 per cent of women and 40 per cent of men smoke. By 2015, tobacco use is expected to cause almost three times as many deaths as HIV/AIDS and will be responsible for 10 per cent of all deaths. Those trends will worsen unless we act now. The International Alliance of Women and the International Network of Women Against Tobacco believes that preventing an epidemic of tobacco use among women is essential to achieving the Millennium Development Goals related to gender equality, poverty, child and maternal health.

Health and poverty lie at the heart of the issue. Poor women, both urban and rural, are disproportionately affected by the tobacco epidemic. In many countries, these women are the ones who use tobacco the most and yet have the least access to information and services, making them vulnerable to the tobacco industry's marketing of their deadly products. In developing countries, rural women working in tobacco production, manufacture and marketing are exploited by unfair wages and substandard work conditions. The economic burden of deaths due to tobacco use and exposure also falls hardest on women. Imagine the plight of someone who has lost a husband to lung cancer, and is suddenly thrust into the role of sole breadwinner for the family. If she is one of the millions of illiterate women without rights to land or credit, how can she hope for decent work?

The health of economies as well as mothers and children is at stake. Tobacco aggravates efforts to mobilize resources and optimize financing for development. Rapid urbanization and changes in lifestyle and diet mean that scarce resources are now being used for treatment of non-communicable diseases. According to WHO, estimates of the total costs of medical care for treatment of smoking-related diseases range from 6 per cent to 15 per cent of countries' total health-care costs and from 0.1 per cent to 1.1 per cent of gross domestic product. The annual direct medical costs of prenatal and post-natal second-hand exposure for children in the United States totalled $44.6 billion in 2001. Many low-income households spend more on tobacco than on food and education. In Indonesia, where smoking is most common among the poor, 15 per cent of the total expenditure of the lowest income group is on tobacco, while the poorest 20 per cent of households in Mexico spend nearly 11 per cent of their income on tobacco.

In addition, commercial interests have violated women's rights. Poor developing countries are flooded with advertisements portraying smoking as glamorous and modern. Tobacco companies have specially designed brands for women. The appeal to women is twofold: attractive packaging and terms like "light" and "mild" to make their products seem less harmful. These misleading strategies are an affront to women's dignity and violate our rights to protection against false advertising.

We draw your attention to these health facts: women who smoke or exposed to smoke are more likely than non-smokers to experience reproductive problems. Men's reproductive health is also affected. Paternal smoking may negatively affect

sperms and can contribute to infertility. Smoking during pregnancy increases risks of premature birth, stillbirth, and neonatal death and may cause a reduction in breast milk. In addition, smoking and smoke exposure is one of the major causes of coronary heart disease in women. Smoking and smoke exposure are also risk factors for developing breast cancer. The rights of women to a safe and healthy environment are violated most when they are exposed to second-hand smoke. This can happen at work or in public places, but it happens mostly at home where women are often powerless to speak up for their own rights. The scientific evidence on second-hand smoke is clear. You can get lung cancer from consistent exposure. Indeed, an estimated 580 lung cancer deaths in the Americas in 2003 were caused by second-hand smoke. Exposure to second-hand smoke results in lower respiratory illnesses, middle-ear disease and reduced lung function in children and an increased risk for sudden infant death syndrome.

Pregnancy can provide an opportunity to improve the health of the entire family, but maternal health programmes have to stop blaming the victim. Most health practitioners talk to pregnant women who smoke about quitting in order to have a safe and healthy pregnancy. However, little attention has been paid to empowering women to reduce their tobacco use or exposure, particularly that in the home. To achieve the Goal on maternal mortality of the Millennium Development Goals, reproductive health services should address the health of women and men, mothers and fathers. Smoking-cessation interventions designed specifically for women and men need to be developed and delivered to audiences of women and men in appropriate, gender-specific environments.

We believe that women's empowerment is key to achieving smoke-free homes and should be included in all maternal and child health policies. And since men are currently the majority of the world's smokers, they are an important audience for anti-tobacco campaigns and key to protecting women's rights to health.

As noted by article 12 and the General Recommendation on health in the Convention on the Elimination of All Forms of Discrimination against Women and many recommendations in the Beijing Platform for Action, a woman's right to health is a human right. Governments represented here have signed the Convention on the Elimination of All Forms of Discrimination against Women and endorsed the policy documents upholding these rights. At least 170 Governments have also ratified the WHO Framework Convention on Tobacco Control, which outlines the international standards and legislation that would set the right course for tobacco control with gender equality.

The grave situation calls for adding tobacco use as an indicator for the Millennium Development Goals in reducing poverty and furthering women's rights to health. To date, national legislation has yet to provide adequate protection. Despite the scientific evidence that tobacco kills, nearly 90 per cent of the world's population remains uncovered by comprehensive smoke-free laws. We call for Governments to legislate and enforce strong tobacco control measures. Much more can be done by raising taxes to reduce tobacco use. Governments should also enforce total bans on advertising and promotion, including standardized plain packaging, and improved health warnings that address our concerns. Take action now so that the Millennium Development Goals can rapidly move forward.